Redescription Restablishment Other Other Other Restablishment Other Other Other Restablishment Other Other Restablishment Restablishment Other Restablishment Restablish	S. Duty Station Orlando, FL S. Financial Statements Required S. Subject Executive Parsonnel Financial Disclosure S. Financial Statements Required S. Subject Executive Parsonnel Financial Disclosure S. Sanitive S. Sanitive S. Sanitive S. Sanitive S. Sanitive Managerial S. Sanitive	Date Trooses relating se or misleat
Redescription Resestablishment Other Cher Cher	Orlando, FL I. Financial Statements Required Executive Personnel Employment and Financial Disclosure Financial Interests Tyes Table Tabl	Date Date Does relating se or misteat
Reestablishment Other J. Fair Labor Standards Act R. Exempt Nonexempt 10. Position Status 11. Position Status 11. Competitive Excepted (Specify in Remarks) SES (Gen.) SES (CR) 11. SES (Gen.) SES (CR) 15. Classified/Graded a. U.S. Office of Personnel Management b. Department, Agency or Establishment Department, Agency or Establishment C. Second Level Review Project Director e. Recommended by Supervisor or Initiating Office 16. Organizational Title of Position (if different from official title) 17. Second Stabilishment Department of the Army (DA) PM STI (Fe. Studdivision U.S. Army Materiel Command (AMC) Department, Agency, or Establishment Department of the Army (DA) a. First Studdivision U.S. Army Materiel Command (AMC) b. Second Subdivision Simulation Training & Instrumentation Command (STRICOM) Signature of Engloyee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the statement functions for which I am responsible. This certification is made with the statement functions for which I am responsible. This certification is made with the statement functions for which I am responsible. This certification is made with the statement functions for which I am responsible to the position of the published standards apply directly, consistently with the most applicable published standards. 21. Classification/Jée Grading Certification. I certify that this position classification is made with the most applicable published standards.	Executive Personnel Financial Discretes I. Position is: I. Positive Supervisory Managerial Neither Pay Plan Occupational Code Grade Initials GRS O301 I.3 7. Name of Employee (if vecant, specify) Initials Initi	Date Date Date Date Date
Second Level Review Project Director	1. Position is: 1. Sensitivity Supervisory Managerial Neither 2. Nencritical 2. Nencritical 3. Criscal Sensitive 114. Agency 124. Special Sensitive Pay Plan Occupational Code Grade Initials 7. Name of Employee (if vecant, specify) Initials To be used for statutory purment and payment of public funds, and that false into sensitive to the constitute violations of such statutes or the one.	rposes relatings or misteat
21. Classified/Graded 2. U.S. Office of Personnel Management 2. Second Level Review	Supervisory Supervisory	Date Date Date proses relating se or misleat
Excepted (Specify in Remarks) SES (Gen.) SES (Gen.) SES (CR) SES (CR) SES (Gen.) SES (CR) SES (Gen.) SES (CR) SES (Gen.) SES (CR) SES (CR) SES (CR) SES (CR) SES (Gen.) SES (CR) S	Managerial Neither	Date Date proses relating or misleat
15. Classified/Graded a. U.S. Office of Personnel Management b. Department, Agency or Establishment c. Second Level Review d. First Level Review Project Director 16. Organizational Title of Position (if different from official title) 17. Personnel Management 18. Department, Agency, or Establishment 19. Personnel Management 19. Third Subdivibuit 19. Englorizational Title of Position (if different from official title) 19. Evaluation of the Army (DA) 19. Evaluation of the Army (DA) 19. Escond Subdivision 19. Employee review - This is an accurate description of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the analysis of the position of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the appointment of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the statement regulation and Title of Immediate Supervisor Signature 21. Classification/Jée Grading Certification. I certify that this position has been regulation classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. 19. Second School Company of the major duties and response the major duties and respon	Reither 2 - Noncritical 4 - Special Sensitive Pay Plan Occupational Code Grade Initials GS 0301 13 7. Name of Employee (if vacant, specify) Initials Init	Date Trooses relating se or misleat
15. Classified/Graded a. U.S. Office of Pursonnel Management b. Department, Agency or Establishment c. Second Level Review B. Recommended by Supervised B. Organizational Title of Position (if different from official title) 16. Organizational Title of Position (if different from official title) 17. Third Subdivision 18. Department, Agency, or Establishment Department of the Army (DA) a. First Subdivision U.S. Army Materiel Command (AMC) b. Second Subdivision Simulation Training & Instrumentation Command (STRICOM) 19. Employee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the a. Typed Name and Title of Immediate Supervisor Shirley C. Rubens, DPM, PM STI Signature 21. Classification/Jeb Grading Certification. I certify that this position has been regulation and the continuation of the standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	Pay Plan Occupational Code Grade Initials GS 0301 13 7. Name of Employee (if vacant, specify) Initials Type that this information is to be used for statutory purment and payment of public funds, and that false into many constitute violations of such statutes or thous.	rposes relating
a. U.S. Office of Personnel Management D. Department, Agency or Establishment E. Second Level Review Project Director Review Project Director Review Review Project Director 17 Recommended by Solitable Project Director Review Review Review Project Director 18. Department, Agency, or Establishment Department of the Army (DA) Review Subdivision U.S. Army Materiel Command (AMC) Second Subdivision Simulation Training & Instrumentation Command (STRICOM) Review Review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the Review Review - This is an accurate description of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the Review Review - Third Subdivision Supervisory Certification. I certify that this is an accurate statement of the major duties and responsible. This certification is made with the Review Review - Third Subdivision Signature of Entire Review - Front Review Review -	GS 0301 13 7. Name of Employee (if vacant, specify) Invision H) division Imployee (optional) Inge that this information is to be used for statutory purment and payment of public funds, and that false into may constitute violations of such statutes or thous.	rposes relating
sonnel Management D. Department, Agency or Establishment D. Second Level Review Project Director Project Director Review D. Recommended by Supervisor or Intitating Office Intitude Offi	7. Name of Employee (if vacant, specify) vision H) division imployee (optional) dge that this information is to be used for statutory purment and payment of public funds, and that false into make your properties of the constitute violations of such statutes or the cons.	se or mislead
or Establishment Second Level Review Project Director Project Director Project Director Recommended by Supervisor or Initiating Office 16. Organizational Title of Position (if different from official title) 17. Recommended by Supervisor or Initiating Office 18. Department, Agency, or Establishment Department, Agency, or Establishment Department of the Army (DA) 18. Perst Subdivision 19. Second Subdivision 10. Second Subdivision 10. Second Subdivision 10. Second Subdivision 10. Second Subdivision 11. Employee review - This is an accurate description of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 10. Typed Name and Title of Immediate Supervisor 10. Typed Name and Title of Official Taking Action Project Director 10. Trist Subdivision 10. Fourth Subdivision 10. Fourth Subdivision 11. Fifth Subdivision 12. Employee review - This is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 10. Typed Name 11. Classification/1469 Signature 12. Position Classification I certify that this position has been regulation to the position of the major duties and responsible standards apply directly, consistently with the most applicable published standards. 12. Position Classification I certify that this position has been regulation to the major duties and response the major d	7. Name of Employee (if vacant, specify) vision H) division imployee (optional) dge that this information is to be used for statutory purment and payment of public funds, and that false into make your properties of the constitute violations of such statutes or the cons.	se or mislead
A. First Level Review Project Director 2. Recommended by Supervisor or Initiating Office 2. Recommended by Supervisor or Initiating Office 2. Recommended by Supervisor or Initiating Office 2. Third Subdivision 2. Third Subdivision 2. Third Subdivision 2. Third Subdivision 2. Second Subdivision 2. Second Subdivision 2. Employee review - This is an accurate description of the major duties and responsibilities of my position. 3. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of my position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 3. Typed Name and Title of Immediate Supervisor 2. Classification/J&B Grading Certification. I certify that this position has been regulation classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, it no published standards apply directly, consistently with the most applicable published standards. 2. Fifth Subdivision 3. Signature Signature 2. Position Classification/J&B Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, it no published standards apply directly, consistently with the most applicable published standards. 2. Fifth Subdivision 3. Typed Name and Title of Official Taking Action	7. Name of Employee (if vacant, specify) vision H) division imployee (optional) dge that this information is to be used for statutory purment and payment of public funds, and that false into make your properties of the constitute violations of such statutes or the cons.	se or mislead
e. Recommended by Supervisor or Initiating Office 16. Organizational Title of Position (if different from official title) 17. It. Department, Agency, or Establishment Department of the Army (DA) a. First Subdivision U.S. Army Materiel Command (AMC) b. Second Subdivision G. Third Subdivision G. Fifth Subdivision G. Fifth Subdivision G. Fifth Subdivision G. Fifth Subdivision I. Employee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the a. Typed Name and Title of Immediate Supervisor Shirley C. Rubens, DPM, PM STI Signature Date Signature Date Signature 22. Position Clauding Cartification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, it no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	7. Name of Employee (if vacant, specify) vision H) division imployee (optional) dge that this information is to be used for statutory purment and payment of public funds, and that false into make your properties of the constitute violations of such statutes or the cons.	se or mislead
Supervisor of initiating Office 16. Organizational Title of Position (if different from official title) 17. It. Department, Agency, or Establishment Department of the Army (DA) 28. First Subdivision 29. Second Subdivision 29. Second Subdivision 20. Employee review - This is an accurate description of the major duties and responsibilities of my position. 21. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 22. Position Classification I can be a supply directly, consistently with the most applicable published standards. 23. Typed Name and Title of Official Taking Action	Adjustion H) division wision Employee (optional) dage that this information is to be used for statutory purment and payment of public funds, and that false into may constitute violations of such statutes or thous.	se or mislead
18. Department, Agency, or Establishment Department of the Army (DA) 8. First Subdivision U.S. Army Materiel Command (AMC) 9. Second Subdivision U.S. Army Materiel Command (AMC) 9. Second Subdivision Simulation Training & Instrumentation Command (STRICOM) 19. Employee review - This is an accurate description of the major duties and responsibilities of my position. 19. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 19. Typed Name and Title of Immediate Supervisor 10. Typed Name and Title of Immediate Supervisor 21. Classification/Jose Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. 17. Interval Supervisor 18. Department of the Army (DA) 28. Fifth Subdivision 29. Fifth Subdivision 8. Fifth Subdivision 8. Fifth Subdivision 8. Fifth Subdivision 9. Fifth Subdivision 8. Fifth Subdivision 8. Fifth Subdivision 9. Fifth Subdivision 9	Adjustion H) division wision Employee (optional) dage that this information is to be used for statutory purment and payment of public funds, and that false into may constitute violations of such statutes or thous.	se or mislead
Department of the Army (DA) a. First Subdivision U.S. Army Materiel Command (AMC) b. Second Subdivision Simulation Training & Instrumentation Command (STRICOM) 1-9. Employee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the a. Typed Name and Title of Immediate Supervisor Shirrley C. Rubens, DPM, PM STI Signature Date Signature Classification/Jeb Grading Certification. I certify that this position has been classified/graded as required by Title 5. U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	H) division imployee (optional) tige that this information is to be used for statutory purment and payment of public funds, and that falsents may constitute violations of such statutes or thous.	se or mislead
Department of the Army (DA) a. First Subdivision U.S. Army Materiel Command (AMC) b. Second Subdivision Simulation Training & Instrumentation Command (STRICOM) 19. Employee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the a. Typed Name and Title of Immediate Supervisor Shirley C. Rubens, DPM, PM STI Signature Date J. Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	H) division imployee (optional) tige that this information is to be used for statutory purment and payment of public funds, and that falsents may constitute violations of such statutes or thous.	se or mislead
U.S. Army Materiel Command (AMC) b. second Subdivision Simulation Training & Instrumentation Command (STRICOM) 19. Employee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 3. Typed Name and Title of Immediate Supervisor Shirley C. Rubens, DPM, PM STI Signature Date Signature Signature Signature 22. Position Classification/J66 Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	dge that this information is to be used for statutory pur, ment and payment of public funds, and that fals units may constitute violations of such statutes or th ons.	se or mislead
Simulation Training & Instrumentation Command (STRICOM) 19. Employee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the a. Typed Name and Title of immediate Supervisor Shirley C. Rubens, DPM, PM STI Signature Date Signature Date Signature Classification/Job Grading Certification. I certify that this position has been classified/grade as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Exped Name and Title of Official Taking Action	imployee (optionel) dge that this information is to be used for statutory pur, ment and payment of public funds, and that falsi nnts may constitute violations of such statutes or tho	se or mislead
Simulation Training & Instrumentation Command (STRICOM) 19. Employee review - This is an accurate description of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 1. Typed Name and Title of Immediate Supervisor Signature Date Signature Date Signature 1. Classification/Jéb Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Signature CYPER Name and Title of Official Taking Action	imployee (optionel) dge that this information is to be used for statutory pur, ment and payment of public funds, and that falsi nnts may constitute violations of such statutes or tho	se or mislead
Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of my position. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the 1. Typed Name and Title of immediate Supervisor Shirley C. Rubens, DPM, PM STI Signature Date Signature 1. Classification/J6b Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.	dge that this information is to be used for statutory pur, ment and payment of public funds, and that fals ints may constitute violations of such statutes or th ons.	se or mislead
major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government statement functions for which I am responsible. This certification is made with the 3. Typed Name and Title of Immediate Supervisor Shirley C. Rubens, DPM, PM STI Signature Date Signature Date Signature 1. Classification/Jéby Grading Certification. I certify that this position has been 22. Position Classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	ment and payment of public funds, and that falsi ants may constitute violations of such statutes or th ons.	se or mislead
Signature Date Signature A 29 A9 21. Classification.1.6b Grading Certification. I certify that this position has been classified/grades are quired by Title 5. U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action		
21. Classification/Jeb Grading Certification. I certify that this position has been classified/yaded as required by Title 5, U.S. Code, in conformance with standards published USOPM Poly the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. [Vyped Name and Title of Official Taking Action]		
21. Classification/Jeb Grading Certification. I certify that this position has been classificaty add as required by Title 5, U.S. Code, in conformance with standards published USOPM Pby the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action		Date
classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	 	Duto
classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action	lassification Standards Used in Classifying/Grading Position	
——————————————————————————————————————	PCS For Miscellaneous Admin and Program S Jan 79; USOPM Admin Analysis GEG, Aug	Series, g 90
	for Employees. The standards, and information on their the personnel office. The classification of the position is	ir application,
Date and correcte Information of	ted by the agency or the U.S. Office of Personnel on classification/job grading appeals, and complaints on available from the personnel office or the U.S. Office	el Managemer n exemption for
23. Position Review Initials Date Initials Date Initials	Date Initials Date Initials	Date
a. Employee (optional)	ningas i Date initiais	Date
o. Supervisor		
c. Classifier		
24. Remarks Position is at full performance.		
S: 7777		

INTRODUCTION

This position is in the office of the Product Manager for Simulation Technology Integration (PM STI). PM STI supports simulation activities in all domains (ACR, RDA and TEMO) and across the three types of training (live, virtual and constructive). PM STI is responsible for management of process initiatives, project concept development activities, application of tools, and facilities that support horizontal technology integration solutions. The incumbent serves as a Project Director in PM STI, directing the activities of their assigned program(s).

MAJOR DUTIES

- 1. Performs life cycle planning, management, and direction of assigned projects. Program plans are based on a comprehensive analysis of the requirements. Translates requirements into discrete, attainable objectives, establishes goals and milestones for tasks in support of the major project objectives. Makes decisions involving cost, schedule, and technical performance and trade-offs within the general guidance of the PM STI. Represents management in briefings and meetings associated with user representatives and contractors. Prepares and presents program status reviews to PM STI, senior STRICOM management, and higher headquarters. Coordinates simulation requirements that affect all areas (live, constructive and virtual) and all three domains: Research, Development and Acquisition (RD&A); Advanced Concept Requirements (ACR) and Training; Exercises and Military Operation (TEMO) (35%)
- 2. Plans, directs, organizes, controls, coordinates, reviews and approves the efforts of project support team which includes engineering, logistics and support personnel. Directs the activities of contract negotiators, contract analysts, and contract support personnel assigned to the project, which requires application of knowledge of Defense procurement process and Defense Acquisition Regulations as they impact the assigned project. The project team may consist of government and support service personnel. Serves as the final point of authority to all team members, contractors and other participants on assigned projects. Maintains sole responsibility for resolving divergent viewpoints and for making critical decisions. Identifies improvements to established program management processes and procedures. Establishes goals and milestones for tasks in support of the project goals. Incumbent will provide input to management to support the intermediate performance rating of the support personnel assigned to the project. (35%)

- 3. Performs financial management and control of assigned projects, requiring application of knowledge of the DoD Planning, Programming and Budgeting cycle for program funds, budgeting and management as well as knowledge of contractor financial management. Directs the activities of the program and cost analysts assigned to the project. (15%)
- 4. Organizes and leads multi-disciplined teams to meet program objectives. Responsible for determining program status to include system design compliance to specification requirements, adherence to contractor schedule, financial control and supportability. The incumbent may be required to lead a team of experts who will investigate a potential contractor's capability to perform under a proposed contract. (15%)

FACTOR 1 - KNOWLEDGE REQUIRED

- Incumbent must possess expert knowledge of materiel acquisition.
- Incumbent must possess a high degree of skill in program management.
- Incumbent must possess a high degree of skill in problem identification and analysis techniques/reasoning.
- Incumbent must possess a high degree of skill in both oral and written communications.
- Incumbent must posses a high degree of skill in leadership of acquisition teams.
- Incumbent must have knowledge of, and a high degree of skill in applying, acquisition regulations and directives.
- Incumbent must have knowledge of Distributed Interactive Simulation and Command and Control Constructive Simulations.

FACTOR 2 - SUPERVISORY CONTROLS

General supervision is provided by PM, or DPM who (1) assigns acquisition programs identifying goals to be achieved; and (2) relies on incumbent to plan, forecast, schedule and execute the actions necessary to achieve program objectives. Incumbent is expected to utilize ingenuity, initiative and resourcefulness in developing strategies and in managing the direction. Incumbent is responsible for integrating and control of all essential program elements consistent with the acquisition plan. Work is reviewed for accomplishment of milestones, ability to stay within

funding limitations and adequacy of the end product.

FACTOR 3 - GUIDELINES

Guidelines consist of policies/regulations pertaining to the management of research, development and acquisition of Army items. As a Project Director responsible for execution of assigned projects, the incumbent exercises judgement and discretion in interpreting and implementing existing policy. Advises management of issues requiring management action to revise or waive current policies or regulations. Provides guidance for use by others within or outside the PMO as it pertains to RDT&EE/Procurement Program Management and materiel acquisition activities.

FACTOR 4 - COMPLEXITY

The assignment is characterized by highly technical development projects, some costing in excess of $\$100\mbox{\sc M}$, Since most projects have DoD & HQDA interest, program management is often raised to the same level. The incumbent leads acquisition teams comprised of technical disciplines and develops simulation systems of high dollar value and congressional interest.

FACTOR 5 - SCOPE AND EFFECT

The employee serves as a Project Director with complete responsibility and authority for the management of assigned projects that support the Army Experimental Campaign Plan (AECP) and the evolution of the Initial Brigade and Combat Team (IBCT). The Simulations and training programs that stem from either effort will be fielded Army-wide and impact on the training of Commanders and Command Staffs at all echelons.

FACTOR 6 - PERSONAL CONTACTS

Regular and recurring contacts include officials within DA, DoD and contractors in structured and unstructured settings. Contacts may be with high level management, private industry contractors, and other professionals within and outside of STRICOM.

FACTOR 7 - PURPOSE OF CONTACTS

The impact of these simulations and training programs will significantly effect the readiness of both active and reserve components as well as supporting materiel development and testing. Contacts are for the purpose of program approval/coordination and monitoring of contractor performance. Incumbent will represent PM STI to all levels in management regarding

program planning, funding and execution, as well as cooperative efforts among services and $\ensuremath{\mathsf{DoD}}$ agencies.

FACTOR 8 - PHYSICAL DEMANDS

Work is primarily sedentary.

FACTOR 9 - WORK ENVIRONMENT

Work is performed primarily in an office setting.

NON-CRITICAL ACQUISITION POSITION AMENDMENT TO PD#______

"The employee must meet DoD 5000.52-M requirements applicable to the duties of the position."